

NAVY OPERATIONAL SUPPORT CENTER BANGOR, MAINE

END OF OBLIGATED SERVICE (EOS) INTERVIEW/COUNSELING SHEET

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|-------|--|--|------------|--|--|
| NAME: | | | RANK/RATE: | | |
| RUIC: | | | UNIT: | | |
| EOS: | | | REEN DATE: | | |

MEMBER'S ENDORSEMENT

| | |
|---------------------------------------|---|
| <input type="checkbox"/> REENLISTMENT | <input type="checkbox"/> EXTENSION OF EOS |
| NUMBER OF YEARS: | NUMBER OF MONTHS: |

REENLISTING OFFICER ENDORSEMENT

| | | |
|--------------------|--|-------|
| FULL NAME (PRINT): | | |
| RANK/TITLE: | | |
| SIGNATURE: | | DATE: |

UNIT ENDORSEMENT

| | | |
|--------------------|------------|-------|
| UNIT LPO | SIGNATURE: | DATE: |
| UNIT LCPO | SIGNATURE: | DATE: |
| COMMANDING OFFICER | SIGNATURE: | DATE: |

COMMAND CAREER COUNSELOR

| | | |
|------------------------|------------------------------|-----------------------------|
| MEMBER BONUS ELIGIBLE: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| SIGNATURE: | | DATE: |

MANPOWER/PERSONNEL/RESPAY

| | | |
|-----------------------------------|------------------------------|-----------------------------|
| (DDS) ON FILE: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| SATISFACTORY DRILL PARTICIPATION: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ELIGIBLE FOR REENL OR EXT: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| SIGNATURE: | | DATE: |

ADMINISTRATIVE DEPARTMENT ENDORSEMENT

| | | | |
|---------------------------------|--------------------------------------|-------------------------------------|------------------------------|
| SECURITY CLEARANCE INFORMATION: | <input type="checkbox"/> NOT CURRENT | <input type="checkbox"/> UP-TO-DATE | <input type="checkbox"/> N/A |
| ELIGIBLE FOR REENL OR EXT: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| ASST SEC. MGR / SEC. MGR.: | SIGNATURE: | | DATE: |

MEDICAL/DENTAL DEPT. ENDORSEMENT

| | | | |
|--|------------------------------|-----------------------------|-------|
| MEMBER IS PHYSICALLY QUALIFIED FOR REENL OR EXTENSION: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| MEMBER REQUIRES ANNUAL PHYSICAL OR OTHER MEDICAL TREATMENT: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| IS THE FOLLOWING MEMBER ELIGIBLE FOR REENLISTMENT OR EXTENSION | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| MEDICAL/DENTAL DEPT. REP.: | SIGNATURE: | | DATE: |

COMMAND FITNESS LEADER

| | | | |
|--|------------------------------|-----------------------------|-------|
| MEMBER IS WITHIN THE NAVY P.R.T. STANDARDS AND/OR REGULATIONS: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| HAS MEMBER FAILED 3 OR MORE PRT WITHIN THE LAST 4 YEARS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| COMMAND FITNESS LEADER | SIGNATURE: | | DATE: |

MEMBER'S SIGNATURE: _____

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